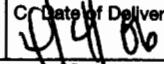




**Department of the Treasury**  
*Federal Law Enforcement Agencies*  
**PROCESS RECEIPT AND RETURN**

PLAINTIFF <b>UNITED STATES OF AMERICA</b>		COURT CASE NUMBER <b>CA No. 04-10345-NMG</b>	
DEFENDANT <b>MOHAMMED ABDUL AZIZ QURAISHI</b>		TYPE OF PROCESS <b>Preliminary Order of Forfeiture</b>	
<b>SERVE AT</b>	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize: Mohammed Abdul Rasheed Quraishi		
	Address (Street or RFD / Apt. # / City, State, and Zip Code): 1681 Bloomingdale Road, Glendale Heights, IL 60139		
Send NOTICE OF SERVICE copy to Requester:  <b>KRISTINA E. BARCLAY, ASSISTANT U.S. ATTORNEY</b> <b>UNITED STATES ATTORNEY'S OFFICE</b> John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)			
Please serve the attached Preliminary Order of Forfeiture upon the above-referenced individual by certified mail, return receipt requested. <span style="float: right;">KAB x3294</span>			
Signature of Attorney, Other Originator requesting service on behalf of [Signature]		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (617) 748-3100
<b>SIGNATURE OF PERSON ACCEPTING PROCESS:</b> <span style="float: right;">Date</span>			
<b>SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY</b>			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
I hereby Certify and Return That I [ ] PERSONALLY SERVED, [ ] HAVE LEGAL EVIDENCE OF SERVICE, [ ] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[ ] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service  Please see Remarks	Time of Service  [ ] AM [ ] PM
Signature, Title and Treasury Agency <span style="float: right;">2006</span>			
REMARKS:		U.S. Customs & Border Protection	
Preliminary Order served as directed above by certified mail number 7001 2510 0003 4299 4535. Postal receipt attached showing delivery on April 4, 2006.		<span style="float: right;">(copy)</span>	

TD F 90-22.48 (6/96)

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p style="text-align: right;">10345NMG</p>		<p>A. Signature </p> <p><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) </p> <p>C. Date of Delivery </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Mohammed Abdul Rasheed Quraishi 1681 Bloomingdale Road Glendale Heights, IL 60139</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.         </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7001 2510 0003 4299 4535</p>			
<p>PS Form 3811, August 2001</p>		<p>Domestic Return Receipt</p>	
		<p>102595-01-M-0381</p>	

